

# ACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT <b>04-APR-2015</b>		TIME <b>16:18:00</b>		2 ADDRESS OF OCCURRENCE <b>6152 S ROCKWELL ST CHICAGO, IL 60629</b>			3 LOCATION CODE <b>330</b>		4 BEAT/OCCUR <b>0825</b>		
5 POSITION <b>9161</b>		6 LAST NAME <b>STEGMILLER</b>		7 FIRST NAME <b>ROBERT J</b>		8 STAR NO. <b>18764</b>		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE <b>S</b>	
11 AGE <b>510</b>		12 HT. <b>180</b>		13 WT. <b>180</b>		14 DATE OF APPT <b>10-JUL-1995</b>		15 EMPLOYEE NO <b>[REDACTED]</b>		16 UNIT & BEAT OF ASSIGNMENT <b>311 6710G</b>	
17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20 LAST NAME <b>UNK</b>		21 FIRST NAME <b>[REDACTED]</b>		22 MI <b>[REDACTED]</b>	
23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE <b>BLK</b>		25 DOB <b>[REDACTED]</b>		26 HT <b>601</b>		27 WT <b>140</b>		28 ADDRESS <b>[REDACTED]</b>	
29 TELEPHONE NO <b>[REDACTED]</b>		30 WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33 WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34 BY WHOM? <b>[REDACTED]</b>	
35 CHARGES PLACED <b>[REDACTED]</b>		36 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		37 CB NO. <b>[REDACTED]</b>		38 NO <b>[REDACTED]</b>		39 DNA <input type="checkbox"/> DNA		40 ADDITIONAL INFORMATION <b>R/O ANNOUNCED HIS OFFICE AND ATTEMPTED TO PLACE AN ASSAILANT INTO CUSTODY AT WHICH TIME THE UNK ABOVE SUBJECT PULLED R/O TO THE GROUND BY HIS JACKET HOOD IN AN ATTEMPT TO DEFEAT/PREVENT THE ARREST BY P.O. STEGMILLER ON THE ASSAILANT.</b>	
41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS <b>CLEAR</b>		45 MAKE/MANUFACTURER <b>[REDACTED]</b>		46 MODEL <b>[REDACTED]</b>	
47 BARREL LENGTH <b>[REDACTED]</b>		48 CALIBER/GAUGE <b>[REDACTED]</b>		49 TASER DART ID NO <b>[REDACTED]</b>		50 WEAPON SERIAL NO (Include Letters) <b>[REDACTED]</b>		51 CHICAGO GUN REG NO <b>[REDACTED]</b>		52 IL FIREARM OWNER ID NO <b>[REDACTED]</b>	
53 HANDGUN CERTIFICATE NO <b>[REDACTED]</b>		54 SPECIAL WEAPON CERTIFICATE NO <b>[REDACTED]</b>		55 PROPERTY INVENTORY NO <b>[REDACTED]</b>		56 TYPE OF AMMUNITION USED <b>[REDACTED]</b>		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>[REDACTED]</b>		58 TOTAL NO. OF SHOTS MEMBER FIRED <b>[REDACTED]</b>	
59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) <b>[REDACTED]</b>		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>[REDACTED]</b>		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>	
65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR FURNITURE, ETC) <b>[REDACTED]</b>		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b>[REDACTED]</b>		70 EVENT NO <b>1509410220</b>	
71 NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		72 NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		73 REPORTING MEMBER (Print Name) <b>STEGMILLER, ROBERT J</b>		STAR/EMPLOYEE NO <b>18764</b>		SIGNATURE <b>[REDACTED]</b>		74 REVIEWING SUPERVISOR (Print Name) <b>KARCZEWSKI, MICHAEL T</b>	
75 REPORTING MEMBER (Print Name) <b>STEGMILLER, ROBERT J</b>		STAR/EMPLOYEE NO <b>18764</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>04-APR-2015 22:19:40</b>		TIME <b>04-APR-2015 22:19:40</b>		76 R/O NO <b>HY210364</b>	
77 REVIEWING SUPERVISOR (Print Name) <b>KARCZEWSKI, MICHAEL T</b>		STAR NO <b>1055</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>04-APR-2015 22:19:40</b>		TIME <b>04-APR-2015 22:19:40</b>		78 R/O NO <b>HY210364</b>	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Unable to interview as of this report

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the facts available at this time, it is the preliminary determination of the undersigned that Police Officer Robert Stegmiller acted in compliance with department policy in that while attempting to make the lawful arrest of Offender Pettway, unknown offender grabbed Officer Stegmiller, about the body in attempts to help defeat the arrest of Offender Pettway. Officer Stegmiller used the necessary force in attempt to affect the arrest of Offender Pettway after Offender Pettway pointed a weapon in Officer Stegmiller direction, placing him in fear of his life. Log 1074534 and U# 15-005

77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO \_\_\_\_\_ OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

CALLOWAY, KEITH A

SIGNATURE



DATE COMPLETED

TIME

04-APR-2015 22:46:43

79 TOTAL TRRs THIS EVENT No

4